

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-816)

SERIAL NO.
9/049847
APPLICANT(S)

1/1/05 11-17-05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1		1			
TOTAL DEP.	9	↔	10	↔		
TOTAL CLAIMS	10		11			

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IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100						
TOTAL IND.						
TOTAL DEP.		↔		↔		
TOTAL CLAIMS						